Use this form for general report and committee information		Yes No
	n, must be signed and submitted alo	ong with other detailed forms.
Do not use this form to update information. 1. Committee Information		
a. Full Name		c. ID Number
21		ne aemate augustus augustus de monte entre
b. Mailing Address (include City, State and Zip Code)		DR6216
		d. Date Filed
1417 CROWN Forest Lr	2	4/30//8 e. Phone Number
MONROE, NC 28/12		980-721-291
	od End Date (mm/dd/yy) 5. Treasur	er Full Name
2018 1-1-2018 4	-30-18 JA	ves Dennis Rax
	Report (check only one type of rep	ort from one category)
Candidate Campaign Party Municipal	State/County	Referendum
PAC Referendum Organizat		Organizational
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five	· _ ; ·	Pre-referendum
Legal Expense Fund Pre-prima		Final
7. Type of Fund (if applicable, check one) Pre-runoff		Supplemental Final
7. Type of Fund (if applicable, check one) Pre-runoff Booster Fund Semi-annt		Annual
Building Fund Semi-annu		Special
Building Fund Wild		10. Special Report Name
Other:	Year End	10. Special Report Ivaine
8. Number of Fundraisers this Report Special	Final	
<u> </u>	Special	
11. Account Information	11. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Name	
riki Ti 10	DECENTED.	
KITTH MIRD BANK	RECEIVED	The same of the sa
b. Purpose c. Account Code	b. Purpose	c. Account Code
	APR 3 0 2018	
	Haira O. B. I (E)	d Davied Desire Deliver
d. Period Begin Balance	I Inion I'm Roard of Flootions	d. Period Begin Balance
	Union Co. Board of Elections	
LINANCE (AN \$,92	Union Co. Board of Elections	\$
CERTIFICATION \$,92		\$
	applicable provisions of Article 22A, 22 with prohibited or other non-disclosed f	\$ 2B & 22D-22M of Chapter 163
CERTIFICATION I certify that the Committee or Fund is in compliance with all a of the NC General Statutes and that no funds are commingled with the committee or Fund is in compliance with all a continuous committee or Fund is in compliance with all a continuous committee or Fund is in compliance with all a continuous committee or Fund is in compliance with all a continuous committee or Fund is in compliance with all a continuous contin	applicable provisions of Article 22A, 22 with prohibited or other non-disclosed f	\$ 2B & 22D-22M of Chapter 163
CERTIFICATION I certify that the Committee or Fund is in compliance with all a of the NC General Statutes and that no funds are commingled veryort is complete, true and correct and that I have been trained. Three Dennis Rel	applicable provisions of Article 22A, 22 with prohibited or other non-disclosed f	\$ 2B & 22D-22M of Chapter 163
CERTIFICATION I certify that the Committee or Fund is in compliance with all a of the NC General Statutes and that no funds are commingled veryort is complete, true and correct and that I have been trained. Three Dennis Rel	applicable provisions of Article 22A, 22 with prohibited or other non-disclosed for the NC State Board of Elections.	\$ 2B & 22D-22M of Chapter 163
CERTIFICATION I certify that the Committee or Fund is in compliance with all a of the NC General Statutes and that no funds are commingled very report is complete, true and correct and that I have been trained to the NC General Statutes and Correct and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and that I have been trained to the NC General Statutes and	applicable provisions of Article 22A, 22 with prohibited or other non-disclosed for the NC State Board of Elections. Signature of Appointed Treasurer	\$ B & 22D-22M of Chapter 163
CERTIFICATION I certify that the Committee or Fund is in compliance with all a of the NC General Statutes and that no funds are commingled we report is complete, true and correct and that I have been trained. Three Dewrit Printed Name of Signer FOR OFFICE USE ONLY Date Received:	applicable provisions of Article 22A, 22 with prohibited or other non-disclosed for the NC State Board of Elections. Signature of Appointed Treasurer	B & 22D-22M of Chapter 163 funds. I further certify that this 4/30/18 Date
CERTIFICATION I certify that the Committee or Fund is in compliance with all a of the NC General Statutes and that no funds are commingled we report is complete, true and correct and that I have been trained. Three Dewis Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Emp	applicable provisions of Article 22A, 22 with prohibited or other non-disclosed of the bythe NC State Board of Elections. Signature of Appointed Treasurer Deloyee:	September 22 B & 22D-22M of Chapter 163 funds. I further certify that this blivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
CERTIFICATION I certify that the Committee or Fund is in compliance with all a of the NC General Statutes and that no funds are commingled we report is complete, true and correct and that I have been trained. Three Dewis Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Emp	applicable provisions of Article 22A, 22 with prohibited or other non-disclosed of by the NC State Board of Elections. Signature of Appointed Treasurer Deloyee: Doloyee:	\$2 & 22D-22M of Chapter 163 funds. I further certify that this but the certification of t

Disclosure Report Cover

Amendment

Amendment

Yes

Use this form to summarize all disclosure reporting forms and			in 16 · n in 170 · · ·
1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Elect Dennis Rose	151	Quart	DR6216
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$.92	· \$ 92
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2400	, \$ 2400
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 7,046.	\$ 7046.67
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 9447.59	\$ 9447.59
<u>EXPENDITURES</u>			
13) Disbursements		alle de la companya d	
13a) Operating Expenditures	(CRO-1310)	\$ 7,853,4	<u>\</u> 5 \$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ '	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	i, 16 and 17)	\$ 7853.4°	5 \$ 78 <i>53</i> ,45
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 1599,17	\$ 1594,14
ADDITIONAL INFORMATION		1594.14	1594.14
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 7046.161	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ —	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded C V	(CRO-)215)	\$	\$

CRO-1100

NC State Board of Elections APR 3 0 2018

Loan Proceeds Use this form to report proceeds from a loan and loan a	andares	la infarmat		of	1	Amendment _ Yes	Q-140
Use this form to report proceeds from a loan and loan e A loan proceeds statement must accompany each loan t							
1. Committee Full Name (and Fund if applicable)					2	. ID Number	•
Elect Denvis Rape	2		* *************************************			DR 62	216
3. Lender Information	$\perp \Box$		Remo	**************************************			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/P	rofessio	with the second	a.	l. Comments	
JAMES Dennis Rape 1417 CROWN Forest		Reti		L		LOAN.	n/dd/yyyy)
1417 CROWN Forest	_~	c. Employer's				Z S End Date (mm/	/dd/vvvv)
MONROC, NC 28112	-		·			4/30	[18]
	i. Accour	at Code	j. Form	of Paymen	<u># 3 11-2</u>	k. Amount	
0% None	l		10	reck		\$ 704	16.67
I. Full Name of Lending Institution					m	ı. Loan Number	
					A. C.		
4. Endorsers/Makers (The people who guarantee the loan.	ı.)						
a. Full Name, Mailing Address & Phone		b. Job Title/Pi	rofessio	a interest	c. Emp	ployer's Name/Sp	pecific Field
(include city, state, & zip)		1					
	1	ĺ		Í			
	1						
		d. Percentage	, 1144 <u>1</u> 1		e. Amoi	aunt	
•		l		%	\$		
a. Full Name, Mailing Address & Phone	Frid	b. Job Title/Pr	rofessio	n isilisissa	c. Emp	oloyer's Name/Sp	pecific Field
(include city, state, & zip)		1	· · · · · · · · · · · · · · · · · · ·				
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	1	d. Percentage			e. Amoi	ount	
		l	<u> </u>	%	\$		
a. Full Name, Mailing Address & Phone	-1.14254	b. Job Title/Pr	rofessic			oloyer's Name/St	necific Field
(include city, state, & zip)		D. 3 C.	· Van	*		lojer Dr	pression a
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I	ļ	d. Percentage	<u>, a sa</u>		e. Amoi	unt	
I		<u></u>		%	\$	THE PARTY OF THE P	
a. Full Name. Mailing Address & Phole / []	Hillian	b. Job Title/Pr	rofessio			oloyer's Name/Sp	pecific Field
a. Full Name, Mailing direct EDVED		6.300	Vivo	-	Ci izzany.	toyer 51	Petitic 1 ave.
APR 3 0 2018							
Union Co. Board of Elections	ŀ	d. Percentage	- N.S.E		e. Amou	ount	
				%	\$		
5. Total of ALL CRO-1410 Pages	1						
5. 10tal Of ALL CKO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-116	(00)				\$	\$ 7041	10.67

		com individua ndividual contribution		Pg Ontributions und	of er \$50 if form CI	No 1205 is not used
		ie (and Fund if appl				2. ID Number
£/4	ect I	Pennis K	ape_			DR6214
	ibutor Informa ne, Mailing Addre		<u> </u>		nove	La (
	city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. Comments
SA	m Sta			c. Employer's Nar	ne/Specific Field	Contrib.
15,	11 ARG	ile 5 RAM	zh	Pon	ltry	e. Election Sum to Date
Mo	NROC,	NC 2	2//2-	Keth	ed .	\$ 900,00
	, Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	
		CK.			3/15/18	? \$900,00
						\$
						\$
74,444,444,444,444,444,444,444,444	ibutor Informa				nove	
	ne, Mailing Addre city, state, & zip)	ss & Phone		b. Job Title/Profes	ssion	d. Comments
R:	II NOP	moch		c. Employer's Nan	an/Specific Field	Contribut
90	6 Brie	dsecration	,			
Mi	Mear	dze actu N C 281	. ~	(CONS)	TRUCTION	e. Election Sum to Date
				Ketir		1° 500.
f. Prior g.	Account Code	h. Form of Payment	i. In-Kind Descrip	tion is is a property	j. Date (mm/dd/yyy	y) k. Amount
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				·		 \$
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	butor Informa			Add Ren	24, (144, 147, 274, 144, 144, 144, 144, 144, 144, 144, 1	
1 1 4 4 5 1 4 5 2	ie, Mailing Addre city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Comments
D	ebna	LAWRER	ee	Syle De (c. Employer's Nam	/O/Z ne/Specific Field	Contrib.
J	effers	, or St.				e. Election Sum to Date
<i>(</i>)	Longe	c, N C				\$ 300
f. Prior g.	Account Code	h. Form of Payment	i. In-Kind Descript	lion	j. Date (mm/dd/yyy	y) k. Amount
		CK.	***************************************		3/15/L	8 \$ 300
						\$
	-			-		\$
	only this Pa					\$ 1700.
(This line	must be on line 6	O-1210 Papes of Detailed Summary Pa	ge CkO-1100) —			\$ 2400,
CRO-121	0	APR	3 0 NOS Rte Boar	d of Elections		April 2007

Amendment

		rom Individua		Pg	<u>2</u> of <u>3</u>	2_	Yes PNo
		ndividual contributio		ontributions und	er \$50 if form Cl		
1. Com	ımittee Full Nan	ne (and Fund if app	licable)			2. I	D Number
É		MNIS KA	se			Z	DR 6216
	tributor Inform		/ <u> </u>		move		
	lame, Mailing Addr	and the state of t		b. Job Title/Profe	ssion	d. C	omments
(Includ	de city, state, & zip)			Sagna	1 8~0	1 /	Contrib.
<u>W</u>	III LA	~ Sf.		c. Employer's Nat	ne/Specific Field	(LONIELD.
75	of Ferso	$\sim 54.$				e. El	lection Sum to Date
f Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption in the literature	li Data (mm/dd/eur	\$	100.
	g. Account Code	ii. Form of Fayment	i. m-xmu Descrip	MIUII	j. Date (mm/dd/yyy		k. Amount
		CK			3/15/1	<u>5</u>	\$ 100, -
				Manhae America			\$
							\$
	tributor Informa	Desk dergresse destet desketen vertrigtig it til her til eller til til		Add 🔲 Rei	nove		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe:	ssion	I	omments
	le city, state, & zip)			Trans	60000	/	Pontrib
7	hillips	5100K5		c. Employer's Nam	ne/Specific Field	\	LONGRO .
H	wy 7	42				e. El	ection Sum to Date
W	wate,	NC				\$	300.
f. Prior	g Account Code	h. Form of Payment	i. In-Kind Descrip	tion and distant	j. Date (mm/dd/yyy	y)	k. Amount
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							\$
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	ame, Mailing Addre			b. Job Title/Profes		d. Co	omments
(includ	le city, state, & zip)			1201	(0.4	,	a Ln'h
	PARU .	Stud led Waxhow	1	C. Employer's Nan	1 (Ke/	(Contrib.
3	229	waxhaw'	Hw.			e, El	ection Sum to Date
	Monr	or. NC2	8112			\$	300.
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
		ck	and the second s		3/10/19	87	\$ 300.
П					-11	×	\$
							\$
4. Tot	al only this Pa	age				\$	200
	The state of the s	O-1210 Pages				, ,	21/200
		of Detailed Summyrf Pa	g (CRO-1100)) ^{\$} (2400,
CRO-12		M. Riversian County Bestyles N W 100-200		rd of Elections			April 2007

April 2007

APR 3 0 2018

							Amendment
Disbursem					Pg of		Yes No
	report expenditures coordinated party ex		tee for o	perating exp	enses, contribut	ions to	candidate/political
	full Name (and Fun					2	. ID Number
Elect	Densis	Rane			•	-	DR6216
3. Type of Disb	oursement (Please	use separate Ch	0-1310) forms for ϵ	each type of Dist	ursem	
Operating Exp		tributions to Candida	tes/Politi	agaga a taga a manan da ang taga a sa a sa a sa		rdinated	l Party Expenditures
4. Payee Informa. Full Name, M	nation Iailing Address & Ph	one	L	Add	Remove	e d	, Comments
(include city, state,	, & zip)						
Union	County	BOE lec	† .	c. Level Regi	stered (Specjfý)		Filinitee
1:600	oe NC 2			Federal	County:	_	<i>d</i>
1	4			State	Municipa		Election Sum to Date
MONE	DE NC 75	3112					\$ 87.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Req	uired Remarks
0	Check		02	17d 18	\$ 37.00	<u> </u>	illas tee
4. Payee Inforn	pation			Add	Remove		
	ing Address & Phone			Anniversativesia (1996) 9	ed Committee Name	: [d.	. Comments
(include city, sta	te, & zip)						ROAD
LAGNOP	pe Comm. 687 Kleans, Lu	ntication:	5	c. Level Regis	stered (Specify)		SISNS
7.01 B	687			Federal	County:		<u> </u>
New Q	Rleans, Lu	₽.		State	Municipa		Election Sum to Date
							1787.00
I. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	_	uired Remarks
		17	ري	199/18	\$ 1787, ⁶⁰	9	ugns
4. Payee Inforn				Add 🔲	Remove		
	ing Address & Phone				ed Committee Name	: d.	Comments
(include city, stat				-			Media
Lincol	n Reagan	Day Diw	ner	c. Level Regis	stered (Specify)		MEXIA
	enter	·		Federal	County:		Etc
9	1			State	Municipa Municipa	lity: e.	Election Sum to Date
Win	rate, NO	20176	<u>f</u>	<u></u>			625,00
f. Account Code (g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)		k, Regi	nired Remarks
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5. Total only th	L D				Ф		t 0.400 all
Control Conference (Control Conference (Control Conference (Conference (Confer	CRO-1310 Pages					•	\$ 2499.00
www.milworenessammefacecessifen.	line 13a of Detailed Sum	mary Page CRO-110	00 if Ope	rating Expense	·s)	1,	5
	line 13b of Detailed Sum				-) `	, 1853.45 [—]
and the state of t	line 13c of Detailed Sum Odes (List detailed		5-12-50-2-50-50-50-50-50-50-50-50-50-50-50-50-50-	Section of the still post the fill court	expenditures)		(UDU, T)
A* - Media	B* - Printir			anove) indraising	D - To 2	Anothe	er Candidate
E - Salaries I - Postage	F* - Equip J - Penaltic		G - Pol	itical Party ffice Expen	Н* - Но	olding	Public Office Expenses n to Legal Expense Fund

* Codes require desalled explanation in required remarks field (k) CRO-1310 NC State Board of Elections

O* Other

Disbursements	Dis	bu	rser	nents
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				Amendment	
Pg	2	of	3_	☐ Yes	□ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	l if applicable)				2. ID Number
Elect	Dennis	Rape				DR 62110
3. Type of Disb	44,7,700	use séparate Ch	<u>0-1310</u>	forms for e	ach type of Disb	<u>eursement.)</u>
Operating Expe	· · · · · · · · · · · · · · · · · · ·	tributions to Candida	tes/Politic			rdinated Party Expenditures
4. Payee Inforn				Add 🔲	Remove	
化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,	α zip) . Τ L Ω	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
taper	ATVIC LV	INTING		c. Level Regis	stered (Specify)	1946 14 144 149
400 ≤	+INK Pr toccins	Pd.		Federal	County:	
		•		L State	Municipa	lity: e. Election Sum to Date
Stau					Y	\$1266
f. Account Code	g. Form of Payment	h, Purpose Code	i, Date (nm/dd/yyyy)	j. Amount	k. Required Remarks
/	CK		4/	<u> 13/18 </u>	\$ 1266,-	Mailers
			′	/	\$	
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(include city, stat	·.·		NOVEM:			
Page	& INKP	1 + 10-		c. Level Regis	stered (Specify)	
1 april	4	10 (10)	-	Federal	County:	
		U		State	Municipa	lity: e. Election Sum to Date
						\$ 11512 115
f. Account Code	- F	h. Purpose Code	1. D.4. /		le a include a substantia	\$ 45/2.45 k, Required Remarks
. Account Code	g. Form of Payment	n. Tur pose Code ∴	i. Date (i	nm/dd/yyyy)	g. Amount	1 50po
/	CK.	T	4/	18/18	\$ 376.45	KACK CARAS
/	<u> </u>	<u>_</u>	4-/	2-/8	* <i>Z610.</i>	POSTAC Pommail
4. Payee Inform	iation ng Address & Phone				Remove	d. Comments
				o. Coordinate	a Committee Hame	Comments are que all all all all artists
	FECEIVE	D				
				c. Level Regis	stered (Specify)	en de la companya de
	APR 3 0 2018			Federal	County:	
11	O. D			State	Municipa	lity: e. Election Sum to Date
UII	ion Co. Board of Elect	ions				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Required Remarks
J					\$	
	-				\$	
5. Total only th	is Page					18451245
	CRO-1310 Pages					\$ 4512.45 \$ 7853,45
compression of the commence of the comment of the c	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)	6
, –	line 13b of Detailed Sum				· ·	1 /0 ~ - 1/1-
(This line goes in	line 13c of Detailed Sum	mary Page CRO-11	00 if Cool	dinated Party	Expenditures)	1053,43
	odes (List detailed					
	B* - Printir			ındraising		Another Candidate
E - Salaries		nent				olding Public Office Expenses
1 - Postage O* Other	J - Penaltie	28	ις» - U	ffice Expen	ses Q* - De	onation to Legal Expense Fund
and the second of the second o	e detailed explanati	an in waaminad a		esata (I-)		

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Dich	ursem	onte
エノルブル	ul Juli	

			Am	endm	ent
Pg	<u>3</u>	of		Yes	☑ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fun					2. ID Number	
						DR 6216	
3. Type of Disl		use separate Cl	RO-131	0 forms for a	each type of Dist		
Operating Expenses							
4. Payee Infort				Add 🔲	Remove		
the production of the production of a	Iailing Address & Ph	one		b. Coordinat	ed Committee Nam	d. Comments	
(include city, state		* * * * * * * * * * * * * * * * * * *					
5/3 BANK				c. Level Regi	stered (Specify)		
Charlotte Ave.				Federal	County:	Service fees	
NI () ()				☐ State	☐ Municip	ality: e. Election Sum to Date	
Monroc, NC 28112						\$ 42.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks	
\	Debit		4	14/18	\$ 42.00	BANK Sorvice	
					\$	Change	
4. Payee Information							
a. Full Name, Mai	ling Address & Phone			b, Coordinat	ed Committee Nam	e d. Comments	
(include city, sta	ite, & zip)			:		Media	
110000	of Contra	11.4 1	1.	a I aval Dagi	atonad (Enosiev)	4 Et C	
Moion County 4H Foundation SLevel Registered (Specify) Presson Ropo Gunty: State Municipality:						intain a free comment	
Press	or Ropo			State	Municipa	ality: e. Election Sum to Date	
11)	ate, NC					\$ 500 ⁰⁰	
	+	h. Purpose Code	1		1		
f. Account Code	g. Form of Payment	n. Parpose Code	11	(mm/dd/yyyy)	j. Amount	k. Required Remarks	
	CK	<u> </u>	03	07/18	\$ 200.5	Advertising	
4. Payee Infort	nation			Add	I Remove		
	ling Address & Phone				ed Committee Name	e d. Comments	
(include city, sta	te, & zip)						
•	RECEIVI	PORTA (
				c. Level Regi	stered (Specify) County:	<u>現</u> 計	
	APR 3 0 201	8		State	= '	ality: e. Election Sum to Date	
	6 5) (5)						
	Union Co. Board of El						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
5. Total only th	is Page					\$ 842.0	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A*-Media B*-Printing C*-Fundraising D-To Another Candidate							
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund							
O* Other							
* Codes require detailed explanation in required remarks field (k)							
CDO 1210							